DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/01/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02, 03		(X3) DATE SURVEY COMPLETED		
155280			B. WING	B. WING			R 09/22/2014	
NAME OF PROVIDER OR SUPPLIER WATERS OF DILLSBORO-ROSS MANOR THE			•	128	REET ADDRESS, CITY, STATE, ZIP CODE 03 LENOVER ST .LSBORO, IN 47018			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
{K 000}	_	tion System (FSES) Survey evisit (PSR) to the Life	{K 0	000}				
	Safety Code Recertifi	cation and State Licensure 07/17/14 was conducted by partment of Health in						
	Survey Date: 09/22/ Facility Number: 000 Provider Number: 15 AIM Number: 10027	178 5280						
	Surveyor: Mark Bugr Specialist							
	Dillsboro-Ross Mano with NFPA (National I 101A, Chapter 4, Fire for Health Care Occu PSR to the Life Safet Licensure Survey cor Achieving a passing of For Health Care Occu of NFPA 101A, Altern Safety, 2001 Edition, level of Life Safety at prescribed by NFPA original Waters of Dill Manor buildings were Existing Health Care annual survey.	pancies found in Chapter 4 ative Approaches to Life shows the facility provides a least equivalent to that 101, Life Safety Code. The sboro building and Ross surveyed with Chapter 19, Occupancies during the						
	two separate building	oro-Ross Manor consisted of s. The Waters of Dillsboro, s determined to be of Type						
LABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE		TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	155280 B. WING			R 09/22/2014		
NAME OF PROVIDER OR SUPPLIER WATERS OF DILLSBORO-ROSS MANOR THE				STREET ADDRESS, CITY, STATE, ZIP CODE 12803 LENOVER ST DILLSBORO, IN 47018	1 03/22/2014	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
{K 012} SS=E	Continued From page 1 V (111) construction with a basement and fully sprinklered. Ross Manor, a one story facility was determined to be Type V (111) construction and fully sprinklered. Both facilities have a fire alarm system with smoke detection on all levels of the Waters of Dillsboro building and Ross Manor building including the corridors, spaces open to the corridors, and battery operated smoke detectors in all resident sleeping rooms in the Waters of Dillsboro building and the Ross Manor building. The Waters of Dillsboro-Ross Manor has a capacity of 123 and had a census of 95 at the time of this visit. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered. Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 09/24/14.		{K 0	12}		
	failed to ensure 1 of 2 Dillsboro building was rated floor structure.	n and interview, the facility I floors in the Waters of I constructed with a 1 hour This deficient practice I/ho reside in the Waters of		Correction Obviated - Passed FSE	S	

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		155280	B. WING		,	R	
NAME OF PROVIDER OR SUPPLIER		100200		S	TREET ADDRESS, CITY, STATE, ZIP CODE	09/	22/2014
WATERS OF DILLSBORO-ROSS MANOR THE				12	2803 LENOVER ST		
WATERS OF BIEESBORG-ROSS MARIOR THE			DILLSBORO, IN 47018				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPE DEFICIENCY)			(X5) COMPLETION DATE	
{K 012}	Continued From page 2		{K 012}				
{K 000}	REGULATORY OR LSC IDENTIFYING INFORMATION)		{K 0	000}			

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		155280	B. WING			l	R 22/2014	
NAME OF PROVIDER OR SUPPLIER WATERS OF DILLSBORO-ROSS MANOR THE				1280	EET ADDRESS, CITY, STATE, ZIP CODE 3 LENOVER ST LSBORO, IN 47018	<u> 09/</u>	22/2014	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG	FIX (EACH CORRECTIVE ACTION SHOU		BE COMPLETION		
{K 000}	At this FSES and PSI Dillsboro-Ross Manor with Requirements fo Medicare/Medicaid, 4 Life Safety from Fire National Fire Protecti Life Safety Code and Therapy Wing addition original Ross Manor be single room used for separation from the obsurveyed with Chapter Occupancies. This 2010 Therapy Wing Ross Manor building V (111) construction a facility has a fire alarm detection in the corricorridors, and battery in all resident sleeping capacity of 123 and hit time of this visit. All areas where resid were sprinklered and services were sprinklered sides.	R survey, The Waters of was found in compliance r Participation in 2 CFR Subpart 483.70(a), and the 2000 edition of the on Association (NFPA) 101, 1410 IAC 16.2. The 2010 in, located to the south of the ouilding and consisted of a therapy with a two hour riginal building, was er 18, New Health Care Ting addition to the one story was determined to be Type and fully sprinklered. The in system with smoke lors, spaces open to the operated smoke detectors grooms. The facility has a and a census of 95 at the ents have customary access all areas providing facility ered. It is survey, The Waters of Participation in Compliance of the operated to the operated smoke detectors grooms. The facility has a and a census of 95 at the ents have customary access all areas providing facility ered.	{K (000}				